

Authors' Reply

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Dear Editor,

We sincerely thank Dr Guzzi for the interest in our case report^[1] and would like to take this opportunity to make some clarifications as follows:

The main concern raised by Dr Guzzi was that serum lead level alone does not adequately reflect the total body burden of the lead and the whole-blood lead level in conjugation with its urinary levels is a primary measure of lead exposure in humans.^[2–4] We fully agree with Dr Guzzi based on the available literature on this subject. However, one month before the referral, our patient had been diagnosed with lead poisoning just based on serum lead level and had undergone chelation therapy in another tertiary center by a neurologist. Shortly after the completion of treatment, he came to our neuro-ophthalmology clinic for the evaluation of persistent blurred vision in both eyes. Therefore, we could only rely on his previous clinical and paraclinical documents.

In the letter written by Dr Guzzi, the term “papilledema” was used for the description of

our patient’s ocular condition. However, as we mentioned in our article, papilledema is defined as optic disc edema due to increased intracranial pressure (ICP) and should be differentiated from papillitis. The lumbar puncture in this patient showed that ICP was within normal limits, which ruled out papilledema. Therefore, we considered the condition of the patient as bilateral hemorrhagic optic disc swelling.^[1]

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